

INFLUENZA VACCINATION CONSENT FORM 2014

Please Print Your Name Below:

Last Name	First Name	Middle Initial	Fermilab ID	
			Yes	No
Are you 18 years old or older?			_____	_____
Have you ever had an allergic reaction to a previous influenza vaccination?			_____	_____
Do you have an allergy to eggs, or to latex?			_____	_____
Have you ever been diagnosed with Gullain-Barre Syndrome?			_____	_____
Do you have a fever, illness, or active infection?			_____	_____
Do you have an active neurological disorder?			_____	_____
Do you have a known or suspected pregnancy, or are you nursing?			_____	_____

(Written consent from your prenatal MD is required to have the vaccine if you are pregnant, from pediatrician if you are nursing.)

I have read or have had explained to me the influenza vaccine information statement (2014 – 2015). I have had a chance to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that the vaccine be given to me.

_____ Date _____

Signature

Date vaccinated: _____

Manufacture: Novartis Lot Number: 011011A Exp. Date: March, 2015

Site of Injection: Deltoid __Right __Left

Signature of medical personal: _____